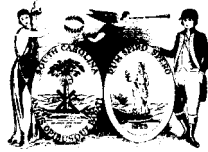


State of South Carolina



Office of the State Auditor

1401 MAIN STREET, SUITE 1200
COLUMBIA, S.C. 29201

THOMAS L. WAGNER, JR., CPA
STATE AUDITOR

(803) 253-4160
FAX (803) 343-0723

November 19, 2001

Mr. Francis M. Feltham, President
Fane Management
1200 Talisman Drive
Post Office Box 6277
North Augusta, South Carolina 29841

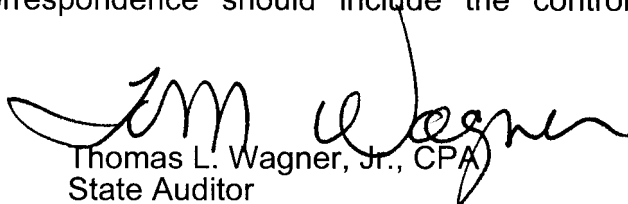
Re: AC# 3-HAR-J8 – Feltham Management Company, Inc. d/b/a Harvey's Nursing Home

Dear Mr. Feltham:

The accompanying report has been prepared by our office based on your Medicaid Financial and Statistical Report submitted to the Department of Health and Human Services for the cost report period October 1, 1997 through September 30, 1998. That report was used to set the rate covering the contract period beginning October 1, 1999.

We are recommending that the Department of Health and Human Services certify an accounts receivable to recover amounts due as a result of the rate change shown on Exhibit A. You will be notified of repayment terms by that Agency.

If you take exception to this report in any manner, you have the right to appeal in accordance with the Code of Laws of South Carolina, 1976 as amended, Title 44, and Department of Health and Human Services Regulation R.126-150, and you must respond in writing within thirty (30) calendar days of the date of this letter. This written response must address the specific items in the report being appealed, and must be directed to the Appeals and Hearings, Department of Health and Human Services, Post Office Box 8206, Columbia, South Carolina 29202-8206. Any correspondence should include the control number appearing on Exhibit A of this report.


Thomas L. Wagner, Jr., CPA
State Auditor

TLWjr/sag

cc: Ms. Brenda L. Hyleman
Mr. Jeff Saxon
Mr. Joseph Hayes

**FELTHAM MANAGEMENT COMPANY, INC.
D/B/A HARVEY'S NURSING HOME**

SIX MILE, SOUTH CAROLINA

**CONTRACT PERIOD
BEGINNING OCTOBER 1, 1999
AC# 3-HAR-J8**

**REPORT ON CONTRACT
FOR
PURCHASE OF NURSING CARE SERVICES
WITH
STATE OF SOUTH CAROLINA
DEPARTMENT OF HEALTH AND HUMAN SERVICES**

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INDEPENDENT ACCOUNTANT'S REPORT ON APPLYING AGREED-UPON PROCEDURES

February 2, 2001

Department of Health and Human Services
State of South Carolina
Columbia, South Carolina

We have performed the procedures described below, which were agreed to by the South Carolina Department of Health and Human Services, solely to compute the rate change and related adjusted reimbursement rate to be used by the Department in determining the reimbursement settlement with Feltham Management Company, Inc. d/b/a Harvey's Nursing Home, for the contract period beginning October 1, 1999, and for the twelve month cost report period ended September 30, 1998, as set forth in the accompanying schedules. This engagement to apply agreed-upon procedures was performed in accordance with standards established by the American Institute of Certified Public Accountants. The sufficiency of the procedures is solely the responsibility of the Department of Health and Human Services. Consequently, we make no representation regarding the sufficiency of the procedures described below either for the purpose for which this report has been requested or for any other purpose.

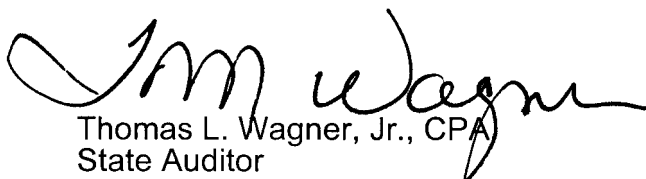
The procedures and the associated findings are as follows:

1. We tested selected costs or areas based on our analytical procedures applied to the reimbursable Medicaid program costs as shown on the Financial and Statistical Report for Nursing Homes, as filed by Feltham Management Company, Inc. d/b/a Harvey's Nursing Home, to determine if these costs were allowable as defined by the State Plan for Medicaid reimbursement purposes and supported by accounting and statistical records maintained by the provider. Our findings as a result of these procedures are presented in the Adjustment Report, Summary of Costs and Total Patient Days, and Cost of Capital Reimbursement Analysis sections of this report.
2. We recomputed the Computation of Reimbursement Rate using the adjusted costs and calculated the rate change in accordance with the provisions of the contract between the Department of Health and Human Services and Feltham Management Company, Inc. d/b/a Harvey's Nursing Home dated as of October 1, 1994 as amended. Our findings as a result of these procedures are presented in the Computation of Rate Change and Computation of Adjusted Reimbursement Rate sections of this report.

Department of Health and Human Services
State of South Carolina
February 2, 2001

We were not engaged to, and did not, perform an audit, the objective of which would be the expression of an opinion on the specified elements, accounts, or items. Accordingly, we do not express such an opinion. Had we performed additional procedures, other matters might have come to our attention that would have been reported to you.

This report is intended solely for the information and use of the South Carolina Department of Health and Human Services and is not intended to be and should not be used by anyone other than the specified party.



Thomas L. Wagner, Jr., CPA
State Auditor

FELTHAM MANAGEMENT COMPANY, INC. D/B/A HARVEY'S NURSING HOME

Computation of Rate Change
For the Contract Period
Beginning October 1, 1999
AC# 3-HAR-J8

	10/01/99- <u>09/30/00</u>
Interim reimbursement rate (1)	\$96.88
Adjusted reimbursement rate	<u>96.62</u>
Decrease in reimbursement rate	\$ <u><u>.26</u></u>

(1) Interim reimbursement rate from the South Carolina Medicaid Management Information System (MMIS) Provider Rate Listing dated December 19, 2000

FELTHAM MANAGEMENT COMPANY, INC. D/B/A HARVEY'S NURSING HOME
 Computation of Adjusted Reimbursement Rate
 For the Contract Period October 1, 1999 Through September 30, 2000
 AC# 3-HAR-J8

	<u>Incentives</u>	<u>Allowable Cost</u>	<u>Cost Standard</u>	<u>Computed Rate</u>
<u>Costs Subject to Standards:</u>				
General Services		\$45.32	\$47.67	
Dietary		10.54	11.42	
Laundry/Housekeeping/Maint.		<u>10.21</u>	<u>8.77</u>	
Subtotal	<u>\$1.79</u>	66.07	67.86	\$66.07
Administration & Med. Records	<u>\$.74</u>	<u>11.47</u>	<u>12.21</u>	<u>11.47</u>
Subtotal		77.54	<u>\$80.07</u>	77.54
<u>Costs Not Subject to Standards:</u>				
Utilities		1.95		1.95
Special Services		.29		.29
Medical Supplies & Oxygen		4.68		4.68
Taxes and Insurance		.93		.93
Legal Fees		<u>.03</u>		<u>.03</u>
TOTAL		<u>\$85.42</u>		85.42
Inflation Factor (3.00%)				2.56
Cost of Capital				7.50
Cost of Capital Limitation				(2.16)
Profit Incentive (Max. 3.5% of Allowable Cost)				.74
Cost Incentive				1.79
Effect of \$1.75 Cap on Cost/Profit Incentives				(.78)
CNAs Add-On				.75
Nurse Aide Staffing Add-On				<u>.80</u>
 ADJUSTED REIMBURSEMENT RATE				 <u>\$96.62</u>

FELTHAM MANAGEMENT COMPANY, INC. D/B/A HARVEY'S NURSING HOME

Summary of Costs and Total Patient Days
For the Cost Report Period Ended September 30, 1998
AC# 3-HAR-J8

<u>Expenses</u>	Totals (From Schedule SC 13) as <u>Adjusted by DH&HS</u>	Adjustments		<u>Adjusted Totals</u>
		<u>Debit</u>	<u>Credit</u>	
General Services	\$ 653,517	\$ -	\$ -	\$ 653,517
Dietary	152,019	-	-	152,019
Laundry	5,566	-	-	5,566
Housekeeping	88,641	-	-	88,641
Maintenance	52,994	-	-	52,994
Administration & Medical Records	165,446	-	-	165,446
Utilities	28,151	-	-	28,151
Special Services	4,246	-	-	4,246
Medical Supplies & Oxygen	70,104	-	2,599 (1)	67,505
Taxes and Insurance	13,381	-	-	13,381
Legal Fees	484	-	-	484
Cost of Capital	78,018	939 (3) <u>39,111 (4)</u>	<u>1,260 (2)</u>	<u>116,808</u>
Subtotal	1,312,567	40,050	3,859	1,348,758
Ancillary	34,910	-	-	34,910
Non-Allowable	278,314	2,599 (1) <u> </u>	939 (3) <u>39,111 (4)</u>	<u>240,863</u>
Total Operating Expenses	<u>\$1,625,791</u>	<u>\$42,649</u>	<u>\$43,909</u>	<u>\$1,624,531</u>
Total Patient Days	<u>14,421</u>	<u>-</u>	<u>-</u>	<u>14,421</u>
Cost of Capital Patient Days				<u>15,578</u>

Total Beds 40

FELTHAM MANAGEMENT COMPANY, INC. D/B/A HARVEY'S NURSING HOME

Adjustment Report
Cost Report Period Ended September 30, 1998
AC# 3-HAR-J8

ADJUSTMENT NUMBER	ACCOUNT TITLE	DEBIT	CREDIT
1	Nonallowable Medical Supplies	\$ 2,599	\$ 2,599
	To remove special (ancillary) services reimbursed by Medicare State Plan, Attachment 4.19D		
2	Fixed Assets	6,085	
	Accumulated Depreciation	16,112	
	Cost of Capital		1,260
	Other Equity		20,937
	To adjust fixed assets and related depreciation State Plan, Attachment 4.19D		
3	Cost of Capital	939	
	Nonallowable		939
	To adjust depreciation expense to comply with capital cost policy State Plan, Attachment 4.19D		
4	Cost of Capital	39,111	
	Nonallowable		39,111
	To adjust capital return State Plan, Attachment 4.19D		
		<hr/>	<hr/>
	TOTAL ADJUSTMENTS	\$64,846	\$64,846

Due to the nature of compliance reporting, adjustment descriptions and references contained in the preceding Adjustment Report are provided for general guidance only and are not intended to be all-inclusive.

FELTHAM MANAGEMENT COMPANY, INC. D/B/A HARVEY'S NURSING HOME

Cost of Capital Reimbursement Analysis
For the Cost Report Period Ended September 30, 1998
AC# 3-HAR-J8

	<u>Old Beds</u>	<u>New Beds</u>	
Original Asset Cost (Per Bed)	\$ 15,618	\$ 15,618	
Inflation Adjustment	<u>2.2493</u>	<u>2.2493</u>	
Deemed Asset Value (Per Bed)	35,130	35,130	
Number of Beds	<u>38</u>	<u>6</u>	
Deemed Asset Value	1,334,940	210,780	
Improvements Since 1981	144,597	-	
Accumulated Depreciation at 9/30/98	<u>(158,844)</u>	<u>(9,670)</u>	
Deemed Depreciated Value	1,320,693	201,110	
Market Rate of Return	<u>.063</u>	<u>.063</u>	
Total Annual Return	83,204	12,670	
Return Applicable to Non-Reimbursable Cost Centers	(277)	(41)	
Allocation of Interest to Non-Reimbursable Cost Centers	<u>-</u>	<u>-</u>	
Allowable Annual Return	82,927	12,629	
Depreciation Expense	13,374	9,853	
Amortization Expense	5	77	
Capital Related Income Offsets	(1,418)	(223)	
Allocation of Capital Expenses to Non-reimbursable Cost Centers	<u>(360)</u>	<u>(56)</u>	<u>Total</u>
Allowable Cost of Capital Expense	94,528	22,280	\$116,808
Total Patient Days (Minimum 97% Occupancy)	<u>13,454</u>	<u>2,124</u>	<u>15,578</u>
Cost of Capital Per Diem	\$ <u><u>7.03</u></u>	\$ <u><u>10.49</u></u>	\$ <u><u>7.50</u></u>

FELTHAM MANAGEMENT COMPANY, INC. D/B/A HARVEY'S NURSING HOME
 Cost of Capital Reimbursement Analysis
 For the Cost Report Period Ended September 30, 1998
 AC# 3-HAR-J8

	<u>Old Beds</u>	<u>New Beds</u>
6/30/89 Cost of Capital and Return on Equity		
Capital Per Diem Reimbursement	\$.54	\$ N/A
Adjustment for Maximum Increase	<u>3.99</u>	<u>N/A</u>
Maximum Cost of Capital Per Diem	\$ <u>4.53</u>	\$ <u>10.49</u>
Reimbursable Cost of Capital Per Diem		\$ 5.34
Cost of Capital Per Diem		<u>7.50</u>
Cost of Capital Per Diem Limitation		\$ <u>(2.16)</u>

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